



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

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CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>5</u> <u>17</u> <u>04</u> to: <u>8</u> <u>02</u> <u>04</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number <u>137467</u>	4. Candidate Last Name <u>ROCCA</u> First Name <u>FRANK</u> M.I. <u>A.</u>
2. Committee Name <u>THE FRANK ROCCA ELECTION COMMITTEE</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>BOARD OF MACOMB COUNTY COMMISSIONER</u>
	4b. County of Residence <u>MACOMB</u> District <u>6</u>
5. Committee's Mailing Address <u>27052 BROADMOOR WARREN, MI 586-752-2525</u> Area Code and Phone	6. Treasurer's Name & Residential Address <u>LORRAINE RADER</u> <u>27064 BROADMOOR WARREN MI</u> Area Code & Phone <u>(586) 427-2361</u>
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
7. Treasurer's Business Address Area Code and Phone ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>JULIANNE ROCCA</u> <u>27052 BROADMOOR WARREN MI</u> Area Code and Phone <u>(586) 757-2525</u>
9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election	
Pre-Election or Post-Election Statement relates to:	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Convention <input type="checkbox"/> School	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <u>8</u> <u>03</u> <u>04</u> Month Day Year	
9c. <input type="checkbox"/> Annual Statement (Coverage Year)	
9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> Dissolution of Candidate Committee	
Effective Date of Dissolution Month Day Year	
By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>LORRAINE RADER</u> , <u>Julianne Rader</u> Date <u>8-1-04</u> Type or Print Name Signature Mo Day Year	
Candidate <u>FRANK A. ROCCA</u> , <u>Frank A. Rocca</u> Date <u>8 01 04</u> Type or Print Name Signature Mo Day Year	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137467

2. Committee Name

THE FRANK ROCCA ELECTION COMM

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-10-04</u> Name: <u>SCOTT STEENBERGH</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-10-04</u> Name: <u>JOSEPH ROCCA</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00	\$50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>HENRY BONE</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$100.00
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>6-17-04</u> Name: <u>W.P.C.O.A WARREN POLICE COMMAND OFFICERS ASSOC.</u> Address: <u>29900 CIVIL CENTER BVD. WARREN MI. 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>POLICEMEN</u> Employer <u>CITY OF WARREN</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$250.00	\$250.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		425.00	

Enter this total on
line 3 of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467
2. Committee Name THE FRANK ROCCA ELEC. Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>JERRY PETZ</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 25.00	\$ 25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>PAUL J. CEARLOCK</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 50.00	\$ 50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>VINCE DULIS</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 75.00	\$ 75.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>LEN DILLION</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 75.00	\$ 75.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 225.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137467

2. Committee Name

THE FRANK ROCCA ELEC. COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-10-04</u> Name: <u>DENNIS KIELESZEWSKI</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$100.00	\$100.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>DEANA FURMAN</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$50.00	\$50.00
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>BRAD PLASKY</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$100.00	\$100.00
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>GEORGE CONSTANCE</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$25.00	\$25.00
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		\$275.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467
2. Committee Name THE FRANK ROCCA ELEC COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>DOMINIC BRAZZELLI</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00	\$50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>FRANK TORRENCE</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00	\$50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>JOHN MORGAN</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$25.00	\$25.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>VICTOR DUKRI</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	\$50.00	\$50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$175.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137467

2. Committee Name

TNE FRANK ROCCA ELEC COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>DUANE MCNABB</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$75.00	\$75.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>TODD HAMEL</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$25.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>GENNELLE TESSNER</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$25.00	\$25.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>FRANK MA RCHAT</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$100.00	\$100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$225.00	

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137467

2. Committee Name

THE FRANK ROCCA ELEC. Comm.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: <u>RUSSELL MARRONE</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00	\$50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>JIM TREADWELL</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$75.00	\$75.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name: <u>NICK CHAKUR</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00	\$50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name: <u>MARTY DOUGHERTY</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$50.00	\$50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$225.00	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137467
2. Committee Name THE FRANK ROCCA ELEC. COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>FRED RAY</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 25.00	\$ 25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>JOE GALDATY</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 25.00	\$ 25.00
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>LEON BEBEN</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 25.00	\$ 25.00
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-12-04</u> Name: <u>JERRY STARLOL</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 25.00	\$ 25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 100.00	
		\$ 1650.00	

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